Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF NEW YORK		
Case number (if known)	Chapter11	
		☐ Ch

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

02/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1.	Debtor's name	BioRestorative Therapies, Inc.	
2.	All other names debtor used in the last 8 years		
	Include any assumed names, trade names and doing business as names		
3.	Debtor's federal Employer Identification Number (EIN)	91-1835664	
4.	Debtor's address	Principal place of business	Mailing address, if different from principal place of business
		40 Marcus Drive, Suite One Melville, NY 11747	
		Number, Street, City, State & ZIP Code	P.O. Box, Number, Street, City, State & ZIP Code
		Suffolk	Location of principal assets, if different from principal
		County	place of business
			Number, Street, City, State & ZIP Code
5.	Debtor's website (URL)	www.biorestorative.com	
6.	Type of debtor	■ Corporation (including Limited Liability Company (LLC)	and Limited Liability Partnership (LLP))
		☐ Partnership (excluding LLP)	
		_	
		Other. Specify:	

Debt	or BioRestorative Thera	pies, Inc.		Case number (if k	nown)	
	Name	•				
7.	Describe debtor's business	A. Check one: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				
			I Estate (as defined in 11 U.S.			
		_	ned in 11 U.S.C. § 101(44))	0. 3 101(012))		
		`	defined in 11 U.S.C. § 101(44))	W		
		,	er (as defined in 11 U.S.C. § 1	,,		
			s defined in 11 U.S.C. § 781(3))		
		■ None of the above	e			
		B. Check all that appl	ly			
		☐ Tax-exempt entity	(as described in 26 U.S.C. §5	01)		
		☐ Investment compa	any, including hedge fund or p	ooled investment vehicle	e (as defined in 15 U.S.C. §80a-3)	
		☐ Investment adviso	or (as defined in 15 U.S.C. §80	Ob-2(a)(11))		
		C. NAICS (North Ame	erican Industry Classification S	System) 4-digit code that	best describes debtor.	
			scourts.gov/four-digit-national-	association-naics-codes.		
		3254				
8.	Under which chapter of the	Check one:				
	Bankruptcy Code is the debtor filing?	☐ Chapter 7				
	debtor ming:	☐ Chapter 9				
		Chapter 11. Chec	ck all that apply:			
		Γ			s (excluding debts owed to insiders or affiliates)	
		-	_	` , ,	stment on 4/01/22 and every 3 years after that).	
		L	business debtor, attach th	ne most recent balance s come tax return or if all o	in 11 U.S.C. § 101(51D). If the debtor is a small sheet, statement of operations, cash-flow if these documents do not exist, follow the	
		[The debtor is a small bus proceed under Subchapte		in 11 U.S.C. § 101(51D), and it chooses to	
			☐ A plan is being filed with t	•		
		Γ	Acceptances of the plan vaccordance with 11 U.S.C		from one or more classes of creditors, in	
			The debtor is required to	file periodic reports (for e	example, 10K and 10Q) with the Securities and	
			Exchange Commission a	ccording to § 13 or 15(d) Petition for Non-Individua	of the Securities Exchange Act of 1934. File the als Filing for Bankruptcy under Chapter 11	
			☐ The debtor is a shell com	pany as defined in the S	ecurities Exchange Act of 1934 Rule 12b-2.	
		☐ Chapter 12				
9.	Were prior bankruptcy	■ No.				
	cases filed by or against the debtor within the last 8 years?	☐ Yes.				
	If more than 2 cases, attach a				_	
	separate list.	District		nen	Case number	
		District	WI	nen	Case number	
10.	Are any bankruptcy cases	■ No				
	pending or being filed by a business partner or an	☐ Yes.				
	affiliate of the debtor?					
	List all cases. If more than 1, attach a separate list	Debtor			Relationship	
	·	District	WI	nen	Case number, if known	

Deb	tor	BioRestorative The	rapi	es, Ir	nc.		Case number	r (if known)	
		Name							
11.		is the case filed in	Check all that apply:						
	this	district?		De	btor has h	nad its domicile, princ	sipal place of business, or principal	assets in this	district for 180 days immediately
				Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immer preceding the date of this petition or for a longer part of such 180 days than in any other district.					
				Αŀ	ankruptcy	v case concerning de	btor's affiliate, general partner, or p	partnership is	pending in this district
			_		, a ap 10)	, case concerning as	zioi o alimato, golioiai palitioi, oi p	pa	
12.	Doe	s the debtor own or		N.					
	have	possession of any	■ No				rty that needs immediate attention	Attack addition	and shoots if needed
		property or personal	☐ Yes. Answer beio			below for each prope	rty that needs immediate attention.	Allach addille	onal sheets if needed.
		erty that needs ediate attention?			Why doe	es the property need	d immediate attention? (Check a	ll that annly)	
						and Pale and the same of the			
					☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.				
				What is the hazard?					
					☐ It nee	☐ It needs to be physically secured or protected from the weather.			
							ds or assets that could quickly dete meat, dairy, produce, or securities		value without attention (for example, s or other options).
					☐ Other	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, as eases applicately
						s the property?			
					WIICIC IS	s the property:	Number, Street, City, State & ZI	D Codo	
					1- 41		Number, Street, City, State & Zi	r Code	
					-	operty insured?			
					□ No				
					☐ Yes.	Insurance agency			
						Contact name			
						Phone			
		Statistical and admin	istrat	ive in	ıformatio	n			
13.		or's estimation of		С	Check one:	•			
	avai	able funds			Funds w	vill be available for dis	stribution to unsecured creditors.		
				L	J After any	y administrative expe	enses are paid, no funds will be ava	allable to unse	cured creditors.
11	Ecti	mated number of					П 4 000 5 000		7.05.004.50.000
14.		itors		_			☐ 1,000-5,000		☐ 25,001-50,000 ☐ 50,001,100,000
			`	50-99			□ 5001-10,000 □ 10,001-25,000	_	☐ 50,001-100,000
				100-19			10,001-25,000		☐ More than100,000
				200-99	99				
15	Fsti	nated Assets	Пα		50,000		□ \$1,000,001 - \$10 million	-	☐ \$500,000,001 - \$1 billion
	_0	114154 7155515				000	□ \$10,000,001 - \$10 million		☐ \$1,000,000,001 - \$1 billion
				\$50,001 - \$100,000 \$100,001 - \$500,000					☐ \$1,000,000,001 - \$10 billion
				\$500,001 - \$500,000 \$500,001 - \$1 million		•	■ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		☐ More than \$50 billion
			_ `	,000,0	301 Ψ111		□ \$100,000,001 - \$500 mili	1011	
16	Esti	nated liabilities	Па	- O	50,000		□ \$1,000,001 - \$10 million	ı	7 \$500 000 001 \$4 billion
	_50				50,000 101 - \$100	000		_ ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	☐ \$500,000,001 - \$1 billion ☐ \$1,000,000,001 - \$10 billion
					001 - \$100 001 - \$500		■ \$10,000,001 - \$50 million		☐ \$1,000,000,001 - \$10 billion
					001 - \$500 001 - \$1 m		□ \$50,000,001 - \$100 millio		☐ \$10,000,000,001 - \$50 billion
			_ +	,500,0	551 Ψ111		□ \$100,000,001 - \$500 mill	ION L	= Moro than you billion

Debtor	BioRestorative Therapies, Inc.	Case number (if known)	
	Name		

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on March 20, 2020 MM / DD / YYYY

✗ /s/ Mark Weinreb	Mark Weinreb
Signature of authorized representative of debtor	Printed name
Title Authorized Signatory	

18. Signature of attorney

X	/s/ Robert D. I	Nosek		Date	March 20, 2020	
	Signature of atto	orney for debtor			MM / DD / YYYY	
	Robert D. Nos	sek				
	Printed name					
	Certilman Bal	in Adler & Hyman, LLP				
	Firm name					
	90 Merrick Av	venue				
	East Meadow	, NY 11554				
	Number, Street,	City, State & ZIP Code				
	Contact phone	(516) 296-7000	Email address	rnosek@d	certilmanbalin.com	

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